

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7289

State File No.

BIRTH NO.		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>7</u> Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u>		<u>720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. # 1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Robert</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Manis</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>23</u> <u>50</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>2-6-1925</u>		9. AGE (in years last birthday) <u>25</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		11. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Portageville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert Manis (Dec.)</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie Burton</u>		14. NAME OF HUSBAND OR WIFE <u>Pauline Manis</u>		ADDRESS <u>MO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>70</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Manis</u>		ADDRESS <u>Rt. #1 Portageville, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brain concussion</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>27 days</u> <u>59166</u> <u>24</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Sikeston</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Scott</u> <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car wreck</u>		<u>MM</u>	
22. I hereby certify that I attended the deceased from <u>2-14, 1950</u> , to <u>2-23, 1950</u> , that I last saw the deceased alive on <u>2-23, 1950</u> , and that death occurred at <u>5:15 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. D. Urban M.D.</u>				23b. ADDRESS <u>Sikeston</u>		23c. DATE SIGNED <u>2-23-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 24, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo</u>	
DATE RECD BY LOCAL REG. <u>Feb 1-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dehls Funeral Parlor</u>		ADDRESS <u>Portageville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 21 1930

MAR
RECEIVED
District Health Office
District File Number 35
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Herbert J. Gar Jr.
Student Embalmer

Signed Joseph A. DeLoach
Student Embalmer No. 359
Licensed Embalmer No. 148
P. O. Address Franklin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.